

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization WHITNEY MUSEUM OF AMERICAN ART		<b>D</b> Employer identification number 13-1789318
	Doing business as		<b>E</b> Telephone number 212-570-3600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 238,758,000.
	99 GANSEVOORT STREET		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10014		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: ADAM D. WEINBERG SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: WEITNEY.ORG		<b>L</b> Year of formation: 1926 <b>M</b> State of legal domicile: NY	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: WHITNEY MUSEUM OF AMERICAN ART IS A MUSEUM DEVOTED TO AMERICAN ART OF THE 20TH AND 21ST CENTURIES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	52
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	51
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	490
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	111
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-208,000.
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	82,725,000.	49,352,000.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,875,000.	2,875,000.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,298,000.	11,788,000.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,245,000.	3,692,000.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	113,143,000.	67,707,000.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	35,598,000.	33,781,000.
	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,884,000.	0.	0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,594,000.	81,584,000.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	82,192,000.	115,365,000.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	30,951,000.	-47,658,000.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	937,771,000.	1,002,954,000.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	127,581,000.	135,878,000.
		810,190,000.	867,076,000.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <i>I. Aruede</i>	Date 03/07/2024
	I, D. ARUEDE, CFO/CO-CHIEF OPERATING OFFICER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 3/7/2024	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558	Phone no. (212) 599-0100		
Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE WHITNEY SEEKS TO BE THE DEFINING MUSEUM OF 20TH AND 21ST CENTURY AMERICAN ART. THE MUSEUM COLLECTS, EXHIBITS, PRESERVES, RESEARCHES AND INTERPRETS ART OF THE U.S. IN THE BROADEST GLOBAL, HISTORICAL AND INTERDISCIPLINARY CONTEXTS. (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 75,422,000. including grants of \$ 0. ) (Revenue \$ 2,718,000. ) COLLECTION AND EXHIBITIONS OF AMERICAN ART IN FY21, THE WHITNEY MUSEUM OF AMERICAN ART PRESENTED 15 EXHIBITIONS. THESE INCLUDED: THE WHITNEY'S COLLECTION: SELECTIONS FROM 1900 TO 1965 (JUNE 28, 2019 - PRESENT); ORDER AND ORNAMENT: ROY LICHTENSTEIN'S ENTABLATURES (SEPTEMBER 27, 2019 - NOVEMBER 16, 2020); MAKING KNOWING: CRAFT IN ART, 1950-2019 (NOVEMBER 22, 2019 - FEBRUARY 22, 2022); CAULEEN SMITH: MUTUALITIES (FEBRUARY 17, 2020 - JANUARY 31, 2021); VIDA AMERICANA: MEXICAN MURALISTS REMAKE AMERICAN ART, 1925-1945 (FEBRUARY 17, 2020 - JANUARY 31, 2021); AGNES PELTON: DESERT TRANSCENDENTALIST (MARCH 13 - NOVEMBER 1, 2020); AROUND DAY'S END: DOWNTOWN NEW YORK, 1970-1986 (SEPTEMBER 3, 2020 - NOVEMBER 1, 2020); SALMAN TOOR: HOW WILL I KNOW (NOVEMBER 13, 2020 - APRIL 4, 2021); (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 9,399,000. including grants of \$ 0. ) (Revenue \$ 157,000. ) CURATORIAL AND RELATED SUPPORT IN FY21, THE WHITNEY MUSEUM OF AMERICAN ART CONTINUED ITS ONGOING STUDY INTO THE MORE THAN 26,000 OBJECTS IN THE COLLECTION BY OVER 3,600 ARTISTS. THE WHITNEY CONTINUED ITS WORK ON A MULTI-YEAR, CROSS-DEPARTMENTAL, AND CROSS-INSTITUTIONAL RESEARCH PROJECT TO UNDERSTAND THE ORIGIN, SCOPE, EVOLUTION, USE, AND IMPACT OF THE MUSEUM'S COLLECTION. THE PROJECT, WHICH WILL CULMINATE IN THE WHITNEY'S FIRST EVER COLLECTION STRATEGIC PLAN, WILL OFFER RECOMMENDATIONS, GOALS, AND OBJECTIVES FOR THE FUTURE OF THE WHITNEY'S COLLECTION THAT IS INFORMED BY THE INSTITUTION'S HISTORY AND ENRICHED BY ITS DESIRE TO MAKE ITS HOLDINGS USEFUL, DYNAMIC, AND RELEVANT FOR TODAY AND THE FUTURE. (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 4,627,000. including grants of \$ 0. ) (Revenue \$ 0. ) EDUCATION PROGRAMS DURING FY21, THE WHITNEY'S EDUCATION DEPARTMENT TRANSITIONED TO REMOTE-ONLINE LEARNING IN RESPONSE TO COVID-19. ALL TEAMS RAPIDLY DEVELOPED A NEW ROSTER OF PROGRAMS TO ENGAGE THE WHITNEY'S WORLD-CLASS COLLECTION OF AMERICAN ART AND REACH THE DIVERSE ONLINE AUDIENCE THAT TYPICALLY VISITS THE MUSEUM. DURING THIS PANDEMIC YEAR, THE MUSEUM SAW A REMARKABLE GROWTH OF A VIRTUAL INTERNATIONAL AUDIENCE AND ONLINE PROGRAMMING ABOUT THE WHITNEY COLLECTION AND EXHIBITIONS DESIGNED BY MUSEUM EDUCATORS. THE WHITNEY SERVED A TOTAL OF 123,515 ONLINE VISITORS THROUGH VIRTUAL SCHOOL, YOUTH, FAMILY, PUBLIC, AND ACCESS & COMMUNITY PROGRAMS. (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,503,000. including grants of \$ 0. ) (Revenue \$ 523,000. )

4e Total program service expenses 91,951,000.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (52); 1b Enter the number of voting members included on line 1a, above, who are independent (51); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records I.D. ARUEDE, CFO/CO-CHIEF OPERATING OFFICER - 212-671-1820
99 GANSEVOORT STREET, NEW YORK, NY 10014

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADAM D. WEINBERG ALICE PRATT BROWN DIRECTOR	35.00 0.00	X		X				931,286.	0.	604,805.
(2) SCOTT ROTHKOPF - SR.DEP.DIR./ NANCY&STEVEN CROWN FAM.CHIEF CURATOR	35.00 0.00				X			394,251.	0.	29,715.
(3) IDEHEN ARUEDE CFO/CO-CHIEF OPERATING OFFICER	35.00 0.00			X				361,270.	0.	36,205.
(4) AMY ROTH CO-CHIEF OPERATING OFFICER	35.00 0.00			X				346,068.	0.	44,855.
(5) PAMELA BESNARD CHIEF ADVANCEMENT OFFICER	35.00 0.00			X				346,994.	0.	36,300.
(6) KATHRYN A POTTS (THRU 10/20) AD. HELENA RUBENSTEIN CHAIR OF EDU.	35.00 0.00					X		248,149.	0.	34,291.
(7) CAROL C MANCUSI-UNGARO - MELVA BUCKSBAUM ASSOC.DIR.CONSERV.&RSCH.	35.00 0.00					X		253,213.	0.	25,358.
(8) LINDSAY POLLOCK - CHIEF COMMUNICATIONS AND CONTENT OFFICER	35.00 0.00					X		247,944.	0.	16,527.
(9) STEPHANIE ADAMS DIRECTOR,INDIVIDUAL & PLANNED GIVING	35.00 0.00					X		211,007.	0.	40,366.
(10) ADRIAN HARDWICKE (THRU 04/21) CHIEF VISITOR EXPERIENCE OFFICER	35.00 0.00				X			201,957.	0.	39,494.
(11) NICHOLAS S. HOLMES GENERAL COUNSEL/ASSISTANT SECRETARY	35.00 0.00			X				199,260.	0.	39,410.
(12) CHRISTY L PUTNAM - ASSOC. DIR. EXHIBITIONS & COLLECTIONS MANAGEMENT	35.00 0.00				X			208,290.	0.	24,210.
(13) HILLARY BLASS-HIROSE (THRU 11/2) ASSOCIATE DIRECTOR OF HUMAN RESOURCE	35.00 0.00					X		203,982.	0.	25,639.
(14) FERN KAYE TESSLER PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(15) ROBERT J. HURST CHAIRMAN OF EXECUTIVE COMMITTEE	1.00 0.00	X		X				0.	0.	0.
(16) RICHARD M. DEMARTINI CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(17) NANCY CARRINGTON CROWN VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAMELLA G. DEVOS VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(19) BETH RUDIN DEWOODY VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(20) MIYOUNG LEE VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(21) ANNE-CECILIE ENGELL SPEYER VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(22) GAURAV K. KAPADIA VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(23) NANCY POSES VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(24) SCOTT RESNICK VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(25) DAVID W. ZALAZNICK VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(26) JOANNE LEONHARDT CASSULLO SECRETARY	1.00 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								4,153,671.	0.	997,175.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,153,671.	0.	997,175.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **64**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MASTERPIECE INTERNATIONAL 39 BROADWAY, SUITE 1410, NEW YORK, NY 10006	ART MOVING SERVICES	720,994.
US ART COMPANY, INC 78 PACELLA PARK DRIVE, RANDOLPH, MA 02368	ART MOVING SERVICES	399,588.
TEMPORARY WALLS, INC. 412 STONE ROW LANE, BANGOR, PA 18013	CONSTRUCTION SERVICES	368,450.
MONTICELLO ASSOCIATES, 1800 LARIMER STREET, SUITE 2100, DENVER, CO 80202	INVESTMENT COUNSULTANT	340,000.
GUY NORDENSON & ASSOCIATES 29 BROADWAY, 18TH FL., NEW YORK, NY 10006	ENGINEERING SERVICES	310,858.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **19**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD D. SEGAL TREASURER	1.00 0.00	X		X				0.	0.	0.
(28) JUDY HART ANGELO TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) PAUL ARNHOLD TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) JILL BIKOFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) LESLIE BLUHM TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) NEIL G. BLUHM TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) ALESSANDRO BOGLIOLO TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) DAVID CAREY TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) HENRY CORNELL TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) FIONA IRVING DONOVAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) FAIRFAX N. DORN TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) LISE EVANS TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) VICTOR F. GANZI TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) HENRY LOUIS GATES, JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) ROBERT B. GOERGEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) KATJA GOLDMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) SONDR A GILMAN GONZALEZ-FALLA TRUSTEE (DECEASED 05/2021)	1.00 0.00	X						0.	0.	0.
(44) BENNETT GOODMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) KENNETH C. GRIFFIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) SUSAN K. HESS TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MICHAEL E. KASSAN, EX OFFICIO TRUSTEE	1.00 0.00	X						0.	0.	0.
(48) CLAUDIA LAVIADA TRUSTEE	1.00 0.00	X						0.	0.	0.
(49) RAYMOND J. LEARSY TRUSTEE	1.00 0.00	X						0.	0.	0.
(50) JONATHAN O. LEE TRUSTEE	1.00 0.00	X						0.	0.	0.
(51) PAUL S. LEVY, ESQ. TRUSTEE	1.00 0.00	X						0.	0.	0.
(52) RAYMOND J. MCGUIRE TRUSTEE	1.00 0.00	X						0.	0.	0.
(53) ERIC L. MOTLEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(54) BROOKE GARBER NEIDICH TRUSTEE	1.00 0.00	X						0.	0.	0.
(55) JULIE OSTROVER TRUSTEE	1.00 0.00	X						0.	0.	0.
(56) JOHN C. PHELAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(57) DONNA PERRET ROSEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(58) ROBERT ROSENKRANZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(59) JEN RUBIO TRUSTEE	1.00 0.00	X						0.	0.	0.
(60) MARY E. BUCKSBAUM SCANLAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(61) PAUL C. SCHORR, IV TRUSTEE	1.00 0.00	X						0.	0.	0.
(62) JONATHAN S. SOBEL TRUSTEE	1.00 0.00	X						0.	0.	0.
(63) LAURIE M. TISCH TRUSTEE	1.00 0.00	X						0.	0.	0.
(64) THOMAS E. TUFT TRUSTEE	1.00 0.00	X						0.	0.	0.
(65) FRED WILSON TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	6,988,000.				
	<b>c</b> Fundraising events	<b>1c</b>	3,197,000.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,803,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	33,364,000.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,971,000.				
	<b>h Total.</b> Add lines 1a-1f			49,352,000.			
Program Service Revenue	<b>2 a</b> ADMISSION INCOME	Business Code	900099	2,546,000.	2,546,000.		
	<b>b</b> TRAVELING EXHIBITIONS		900099	172,000.	172,000.		
	<b>c</b> ART LOAN FEES		900099	157,000.	157,000.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,875,000.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,602,000.		-291,000.	2,893,000.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			229,000.			229,000.
	<b>6 a</b> Gross rents	(i) Real		3,652,000.			
		(ii) Personal					
		<b>6b</b> Less: rental expenses		8,000.			
	<b>6c</b> Rental income or (loss)		3,644,000.				
	<b>d</b> Net rental income or (loss)			3,644,000.			3,644,000.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities		78,885,000.			
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses		69,699,000.			
	<b>7c</b> Gain or (loss)		9,186,000.				
	<b>d</b> Net gain or (loss)			9,186,000.			9,186,000.
	<b>8 a</b> Gross income from fundraising events (not including \$ 3,197,000. of contributions reported on line 1c). See Part IV, line 18						
<b>8a</b>			16,000.				
<b>8b</b> Less: direct expenses			720,000.				
<b>c</b> Net income or (loss) from fundraising events			-704,000.			-704,000.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>9b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances			1,147,000.				
	<b>10a</b>		624,000.				
	<b>10b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory			523,000.	440,000.	83,000.		
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			67,707,000.	3,315,000.	-208,000.	15,248,000.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,239,000.	1,055,000.	1,573,000.	611,000.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	22,450,000.	14,255,000.	7,426,000.	769,000.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	2,084,000.	1,281,000.	686,000.	117,000.
<b>9</b> Other employee benefits .....	4,715,000.	2,555,000.	1,931,000.	229,000.
<b>10</b> Payroll taxes .....	1,293,000.	1,067,000.	145,000.	81,000.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	536,000.		536,000.	
<b>c</b> Accounting .....	202,000.		202,000.	
<b>d</b> Lobbying .....	72,000.	72,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	693,000.		693,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,630,000.	763,000.	844,000.	23,000.
<b>12</b> Advertising and promotion .....	1,026,000.	919,000.	107,000.	
<b>13</b> Office expenses .....	942,000.	919,000.	18,000.	5,000.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,797,000.	3,453,000.	1,344,000.	
<b>17</b> Travel .....	88,000.	27,000.	61,000.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	2,955,000.	2,368,000.	370,000.	217,000.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	10,208,000.	8,184,000.	1,276,000.	748,000.
<b>23</b> Insurance .....	1,334,000.	28,000.	1,306,000.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ART ACQUISITIONS	51,245,000.	51,245,000.		
<b>b</b> OTHER (REIMBURSED), NET	5,401,000.	3,306,000.	2,011,000.	84,000.
<b>c</b> EXHIBITION EXPENSE	455,000.	454,000.	1,000.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	115,365,000.	91,951,000.	20,530,000.	2,884,000.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	13,400,000.	<b>1</b>	17,235,000.
	<b>2</b> Savings and temporary cash investments .....	10,124,000.	<b>2</b>	12,694,000.
	<b>3</b> Pledges and grants receivable, net .....	21,739,000.	<b>3</b>	22,046,000.
	<b>4</b> Accounts receivable, net .....	1,226,000.	<b>4</b>	1,217,000.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	4,450,000.	<b>8</b>	4,644,000.
	<b>9</b> Prepaid expenses and deferred charges .....	30,562,000.	<b>9</b>	2,778,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 445,819,000.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 81,355,000.		
	<b>11</b> Investments - publicly traded securities .....	373,973,000.	<b>10c</b>	364,464,000.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	163,361,000.	<b>11</b>	89,062,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	318,936,000.	<b>12</b>	468,643,000.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>14</b>	20,171,000.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	937,771,000.	<b>15</b>	1,002,954,000.	
<b>17</b> Accounts payable and accrued expenses .....	5,174,000.	<b>16</b>	8,349,000.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....	1,316,000.	<b>18</b>	1,451,000.	
<b>20</b> Tax-exempt bond liabilities .....	102,976,000.	<b>19</b>	100,693,000.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,000,000.	<b>22</b>	0.	
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	5,593,000.	<b>23</b>	0.	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	7,522,000.	<b>24</b>	25,385,000.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	127,581,000.	<b>25</b>	135,878,000.	
<b>27</b> Net assets without donor restrictions .....		<b>26</b>		
<b>28</b> Net assets with donor restrictions .....				
<b>29</b> Capital stock or trust principal, or current funds .....				
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....				
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....				
<b>32</b> Total net assets or fund balances .....	418,962,000.		415,927,000.	
<b>33</b> Total liabilities and net assets/fund balances .....	391,228,000.		451,149,000.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
		<b>27</b>		
		<b>28</b>		
		<b>29</b>		
		<b>30</b>		
		<b>31</b>		
	810,190,000.	<b>32</b>	867,076,000.	
	937,771,000.	<b>33</b>	1,002,954,000.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	67,707,000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	115,365,000.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-47,658,000.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	810,190,000.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	101,468,000.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	3,076,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	867,076,000.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

<b>Name of the organization</b> WHITNEY MUSEUM OF AMERICAN ART	<b>Employer identification number</b> 13-1789318
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....

**g** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	43,203,000.	58,671,000.	56,108,000.	82,725,000.	48,648,000.	289,355,000.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	43,203,000.	58,671,000.	56,108,000.	82,725,000.	48,648,000.	289,355,000.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						39,805,350.
<b>6 Public support.</b> Subtract line 5 from line 4.						249,549,650.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	43,203,000.	58,671,000.	56,108,000.	82,725,000.	48,648,000.	289,355,000.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	6,408,000.	5,821,000.	9,979,000.	8,403,000.	6,483,000.	37,094,000.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	836,000.	412,000.	488,000.	292,000.		2,028,000.
<b>11 Total support.</b> Add lines 7 through 10						328,477,000.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	61,370,000.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	75.97 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	77.18 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

WHITNEY MUSEUM OF AMERICAN ART

Employer identification number

13-1789318

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  WHITNEY MUSEUM OF AMERICAN ART	Employer identification number  13-1789318
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. SMALL BUSINESS ADMINISTRATION - PAYCHECK PROTECTION PLAN  409 3RD ST, SW.  WASHINGTON, DC 20416	\$ 5,592,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DAVID BUTTERFIELD AND ALFONSO RUBIO MEMORIAL FOUNDATION  PO BOX 3557  ASPEN, CO 81612	\$ 5,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARNHOLD FOUNDATION  1370 AVENUE OF THE AMERICAS, 31ST FL.  NEW YORK, NY 10019	\$ 5,025,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FIDELITY CHARITABLE GIFT FUND  PO BOX 770001  CINCINNATI, OH 45277	\$ 2,120,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NATIONAL PHILANTHROPIC TRUST  165 TOWNSHIP LINE RD, SUITE 1200  JENKINTOWN, PA 19046	\$ 1,050,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FREEDMAN FAMILY FOUNDATION  27 MAROON DR  ASPEN, CO 81611	\$ 1,045,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  WHITNEY MUSEUM OF AMERICAN ART	Employer identification number  13-1789318
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HESS FOUNDATION, INC.  4 BECKER FARM ROAD  ROSELAND, NJ 07068	\$ 1,005,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	COWEN CHARITABLE LEAD UNITRUST  1 WEST 72ND ST., APT. 22  NEW YORK, NY 10023-3417	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  WHITNEY MUSEUM OF AMERICAN ART	Employer identification number  13-1789318
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  WHITNEY MUSEUM OF AMERICAN ART	Employer identification number  13-1789318
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (WHITNEY MUSEUM OF AMERICAN ART) and Employer identification number (13-1789318)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		72,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			72,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions)	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE WHITNEY MUSEUM DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES

ITSELF. IN FISCAL YEAR 2021, THE MUSEUM ENGAGED THE SERVICES OF A LOBBYIST

TO ASSIST IN PREPARING MATERIALS AND CONDUCTING MEETINGS TO GAIN FUNDING

FOR THE MUSEUM'S CAPITAL PROJECTS IN STATE AND LOCAL BUDGETS.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** WHITNEY MUSEUM OF AMERICAN ART  
**Employer identification number** 13-1789318

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	371,839,000.	372,314,000.	357,673,000.	339,078,000.	308,428,000.
b Contributions	9,199,000.	3,530,000.	12,031,000.	7,475,000.	4,335,000.
c Net investment earnings, gains, and losses	108,663,000.	11,834,000.	17,630,000.	24,942,000.	39,595,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,757,000.	15,839,000.	15,020,000.	13,822,000.	13,280,000.
f Administrative expenses					
g End of year balance	481,944,000.	371,839,000.	372,314,000.	357,673,000.	339,078,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  12.4985 %
  - b Permanent endowment  54.7418 %
  - c Term endowment  32.7596 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		34,662,000.		34,662,000.
b Buildings		386,181,000.	75,412,000.	310,769,000.
c Leasehold improvements		2,002,000.	2,002,000.	0.
d Equipment				
e Other		22,974,000.	3,941,000.	19,033,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				364,464,000.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITY INVESTMENT FUNDS	190,111,000.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS :		
(C) MULTI-STRATEGY & OTHER	143,582,000.	END-OF-YEAR MARKET VALUE
(D) EQUITY LONG/SHORT	98,379,000.	END-OF-YEAR MARKET VALUE
(E) REAL ASSETS	5,291,000.	END-OF-YEAR MARKET VALUE
(F) PRIVATE EQUITY	30,528,000.	END-OF-YEAR MARKET VALUE
(G) INVESTMENT REDEMPTION RECEIVABLES	752,000.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	468,643,000.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	20,637,000.
(3) ACCRUED PENSION OBLIGATION	4,748,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	25,385,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	171,698,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	101,468,000.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,076,000.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	104,544,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	67,154,000.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	553,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	553,000.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	67,707,000.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	114,812,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	114,812,000.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	553,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	553,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	115,365,000.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE MUSEUM HAS AN EXTENSIVE COLLECTION OF ART, INCLUDING PAINTINGS, SCULPTURE, PHOTOGRAPHS, DRAWINGS, PRINTS, AND FILMS AND VIDEOS. THE COLLECTION IS MAINTAINED UNDER THE CARE OF THE REGISTRATION DEPARTMENT STAFF AND IS HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC SERVICE, RATHER THAN FOR FINANCIAL GAIN. PROCEEDS FROM THE SALE OF COLLECTION ITEMS ARE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION. THE MUSEUM DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTION IN THE STATEMENT OF FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTION ITEMS AS REVENUES IN THE STATEMENT OF ACTIVITIES. SINCE ITEMS ACQUIRED FOR THE COLLECTION BY PURCHASE ARE NOT CAPITALIZED, THE COST OF THOSE ACQUISITIONS IS REPORTED AS DECREASES IN

**Part XIII** Supplemental Information (continued)

NET ASSETS IN THE STATEMENT OF ACTIVITIES.

PART III, LINE 4:

THE WHITNEY MUSEUM OF AMERICAN ART SEEKS TO BE THE DEFINING MUSEUM OF THE

20TH & 21ST CENTURY AMERICAN ART. THE MUSEUM COLLECTS, EXHIBITS,

PRESERVES, RESEARCHES AND INTERPRETS ART OF THE UNITED STATES IN THE

BROADCAST GLOBAL, HISTORICAL AND INTERDISCIPLINARY CONTEXTS. AS THE

PREEMINENT ADVOCATE FOR AMERICAN ART, WE FOSTER THE WORK OF LIVING ARTISTS

AT THE CRITICAL MOMENTS IN THEIR CAREERS. THE WHITNEY EDUCATES A DIVERSE

PUBLIC THROUGH DIRECT INTERACTION WITH ARTISTS, OFTEN BEFORE THEIR WORK

HAS ACHIEVED GENERAL ACCEPTANCE.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENT CONSISTS OF 141 INDIVIDUAL FUNDS ESTABLISHED FOR A

VARIETY OF PURPOSES, PRIMARILY TO SUPPORT THE GENERAL OPERATIONS AND

EXHIBITION PROGRAMS OF THE MUSEUM, AS WELL AS THE SUPPORT OF THE BIENNIAL

EXHIBITION PROGRAM, PERMANENT COLLECTION ACQUISITIONS, AND CURATORIAL

SUPPORT.

PART X, LINE 2:

FIN 48 OVERVIEW

THE MUSEUM FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY

IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING

ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS

GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN

ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS

"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE

CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS

**Part XIII** Supplemental Information (continued)

BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (THE "CODE") SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE MUSEUM HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE MUSEUM HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN ITS FINANCIAL STATEMENTS. IN ADDITION, THE MUSEUM HAS NOT RECORDED A PROVISION FOR INCOME TAXES, AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN POST-RETIREMENT HEALTH/OTHER BENEFITS OTHER THAN

NET PERIODIC COST	2,835,000.
NET GAIN ON EXTINGUISHMENT OF BONDS PAYABLE	241,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,076,000.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

WHITNEY MUSEUM OF AMERICAN ART

Employer identification number

13-1789318

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	TRAVELING EXHIBITIONS	1,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		219,238,000.
<b>3 a</b> Subtotal .....	0	0			219,239,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			219,239,000.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ► \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FORM 990, SCHEDULE F, PART IV:

THE MUSEUM INVESTS IN DOMESTIC AND FOREIGN INVESTMENT VEHICLES THAT MAY

OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT

COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS, THE MUSEUM'S INVESTMENT

ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS

926, 5471, 8621 OR 8865. TO THE EXTENT SUCH A FORM WAS COMPLETED, IT

HAS BEEN FILED WITH THE ORGANIZATION'S FORM 990-T.

Multiple horizontal lines for supplemental information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

WHITNEY MUSEUM OF AMERICAN ART

Employer identification number

13-1789318

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> a Mail solicitations               | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants     |
| <input type="checkbox"/> c Phone solicitations              | <input type="checkbox"/> g Special fundraising events            |
| <input type="checkbox"/> d In-person solicitations          |  |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA AND STUDIO PARTY (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	3,213,000.			3,213,000.
	<b>2</b> Less: Contributions .....	3,197,000.			3,197,000.
	<b>3</b> Gross income (line 1 minus line 2) .....	16,000.			16,000.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	382,000.			382,000.
	<b>7</b> Food and beverages .....	53,000.			53,000.
	<b>8</b> Entertainment .....	22,000.			22,000.
	<b>9</b> Other direct expenses .....	263,000.			263,000.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				720,000.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-704,000.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **WHITNEY MUSEUM OF AMERICAN ART**  
 Employer identification number: **13-1789318**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
  - c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
  - b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
  - b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ADAM D. WEINBERG	(i)	716,054.	0.	215,232.	579,900.	24,905.	1,536,091.	0.
ALICE PRATT BROWN DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT ROTHKOPF - SR.DEP.DIR./	(i)	394,251.	0.	0.	19,950.	9,765.	423,966.	0.
NANCY&STEVEN CROWN FAM.CHIEF CURATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) IDEHEN ARUEDE	(i)	361,270.	0.	0.	19,950.	16,255.	397,475.	0.
CFO/CO-CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY ROTH	(i)	346,068.	0.	0.	19,950.	24,905.	390,923.	0.
CO-CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAMELA BESNARD	(i)	346,994.	0.	0.	13,257.	23,043.	383,294.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATHRYN A POTTS (THRU 10/20)	(i)	177,406.	0.	70,743.	13,175.	21,116.	282,440.	0.
AD. HELENA RUBENSTEIN CHAIR OF EDU.	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CAROL C MANCUSI-UNGARO - MELVA	(i)	253,213.	0.	0.	15,890.	9,468.	278,571.	0.
BUCKSBAUM ASSOC.DIR.CONSERV.&RSCH.	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LINDSAY POLLOCK - CHIEF	(i)	227,175.	0.	20,769.	15,957.	570.	264,471.	0.
COMMUNICATIONS AND CONTENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHANIE ADAMS	(i)	211,007.	0.	0.	15,651.	24,715.	251,373.	0.
DIRECTOR,INDIVIDUAL & PLANNED GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ADRIAN HARDWICKE (THRU 04/21)	(i)	201,957.	0.	0.	14,804.	24,690.	241,451.	0.
CHIEF VISITOR EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NICHOLAS S. HOLMES	(i)	199,260.	0.	0.	14,717.	24,693.	238,670.	0.
GENERAL COUNSEL/ASSISTANT SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHRISTY L PUTNAM - ASSOC. DIR.	(i)	208,290.	0.	0.	14,659.	9,551.	232,500.	0.
EXHIBITIONS & COLLECTIONS MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) HILLARY BLASS-HIROSE (THRU 11/2	(i)	130,639.	0.	73,343.	9,597.	16,042.	229,621.	0.
ASSOCIATE DIRECTOR OF HUMAN RESOURCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

HOUSING ALLOWANCE:

THE WHITNEY MUSEUM PROVIDES A HOUSING ALLOWANCE TO THE ALICE PRATT BROWN  
DIRECTOR, ADAM D. WEINBERG PURSUANT TO THE TERMS OF HIS WRITTEN EMPLOYMENT  
CONTRACT; TO THE EXTENT THAT HOUSING IS TAXABLE, IT IS INCLUDED IN HIS  
TAXABLE WAGES AND REPORTED IN SCHEDULE J, PART II, COLUMN B(III).

PART I, LINES 4A-B:

SEVERANCE PAYMENTS:

DURING CALENDAR YEAR 2020, KATHYRN POTTS, THE HELENA RUBENSTEIN CHAIR OF  
EDUCATION RECEIVED A \$50,000 SEVERANCE PAYMENT THAT IS REPORTED IN SCHEDULE  
J, PART II, COLUMN (B)(III). IN ADDITION, MS. POTTS RECEIVED ACCRUED  
SEVERANCE IN THE AMOUNT OF \$167,485 THAT WILL BE PAID OUT IN CALENDAR YEAR  
2021 AND REPORTED AS CURRENT YEAR WAGES ON NEXT YEAR'S FORM 990 IF SHE  
MEETS THE MUSEUM'S THRESHOLD OF TOP 5 HIGHEST PAID EMPLOYEES.

NON-QUALIFIED RETIREMENT PLAN:

IN CALENDAR YEAR 2020, ADAM WEINBERG RECEIVED \$559,950 IN CONTRIBUTIONS  
INTO HIS DEFERRED COMPENSATION PLAN; THIS AMOUNT IS REPORTED IN FORM 990,



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART II, COLUMN (C). ANY EARNINGS ON AMOUNTS CONTRIBUTED INTO

THIS PLAN ARE NOT INCLUDED IN SCHEDULE J (AS REQUIRED BY THE FORM 990

INSTRUCTIONS) AND WILL BE REPORTED AT SUCH TIME AS THE DEFERRED

COMPENSATION IS PAID OUT.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <p style="text-align: center;">WHITNEY MUSEUM OF AMERICAN ART</p>	Employer identification number <p style="text-align: center;">13-1789318</p>
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<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> THE TRUST FOR CULTURAL RESOURCES OF THE CITY OF NEW YORK	13-1789318	649717VM4	01/07/21	101,213,818.	SEE PART V BELOW		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired .....										
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	101,213,818.									
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....	27,145.									
<b>7</b> Issuance costs from proceeds .....	859,470.									
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....	100,354,348.									
<b>11</b> Other spent proceeds .....										
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2021									
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X									
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X								
<b>16</b> Has the final allocation of proceeds been made? .....	X									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X							
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X							
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						

Part IV Arbitrage (continued)	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
b Name of provider .....								
c Term of hedge .....								
d Was the hedge superintegrated? .....								
e Was the hedge terminated? .....								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X						
7 Has the organization established written procedures to monitor the requirements of section 148? .....		X						

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, SUPPLEMENTAL INFORMATION:  
 IN JANUARY 2021, THE TRUST FOR CULTURAL RESOURCES OF THE CITY OF NEW YORK (THE "TRUST") ISSUED SERIES 2021 REFUNDING REVENUE BONDS PURSUANT TO THE REFUNDING REVENUE BOND RESOLUTION (WHITNEY MUSEUM OF AMERICAN ART), AS SUPPLEMENTED BY THE SERIES 2021 RESOLUTION, EACH ADOPTED BY THE TRUST ON DECEMBER 7, 2020, THE PROCEEDS OF WHICH HAVE BEEN LOANED TO THE MUSEUM PURSUANT TO A LOAN AGREEMENT DATED AS OF JANUARY 1, 2021 BY AND BETWEEN THE MUSEUM AND THE TRUST. SUCH PROCEEDS HAVE BEEN APPLIED TO THE REFINANCING OF THE MUSEUM'S 2011 REVENUE BONDS WHICH WERE USED TO FINANCE THE MUSEUM'S NEW DOWNTOWN FACILITY LOCATED IN THE MEATPACKING DISTRICT IN MANHATTAN, NEW YORK.

NOTE ON PART III, 2: THE INSTITUTION ENTERS INTO VARIOUS LICENSE AGREEMENTS WHICH ARE ALLOCATED TO THE NON-FINANCED PORTION OF THE SPACE.

SCHEDULE K, PART II, LINE 1:  
 THE MUSEUM'S TAX-EXEMPT BOND IS AN INTEREST-ONLY BOND; THE MUSEUM WILL BE REQUIRED TO REPAY THE BOND IN FULL IN THE YEAR ENDING JUNE 30, 2032.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **WHITNEY MUSEUM OF AMERICAN ART**  
Employer identification number: **13-1789318**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	12		N/A
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	59	2,722,000.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( VENDOR ITEMS )	X	15	249,000.	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 12

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

TO THE EXTENT THE MUSEUM RECEIVES DONATIONS OF SECURITIES OR OTHER INVESTMENT ASSETS, IT CONVERTS THOSE ASSETS, INTO CASH. IN ADDITION, THE MUSEUM OCCASIONALLY COMMISSIONS LIMITED EDITION WORKS OF ART THAT WILL BE SOLD TO SUPPLEMENT THE MUSEUM'S FUNDRAISING EFFORTS. THE MUSEUM WILL ENGAGE THIRD PARTY VENDORS TO SELL THESE WORKS OF ART.

SCHEDULE M, LINE 33:

NO AMOUNT IS REPORTED ON FORM 990, PART VIII, STATEMENT OF REVENUE, LINE 1G, BECAUSE THE WHITNEY DOES NOT CAPITALIZE ITS COLLECTIONS, AS PERMITTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

WHITNEY MUSEUM OF AMERICAN ART

Employer identification number

13-1789318

**AMENDED RETURN**

THE WHITNEY MUSEUM HAS AMENDED ITS FORM 990 TO MORE ACCURATELY REFLECT

THE DEFERRED COMPENSATION ARRANGEMENT OF ITS MUSEUM DIRECTOR, AS WELL

AS TO REFINE THE NONTAXABLE BENEFITS REPORTING (IN BOTH FORM 990, PART

VII AND SCHEDULE J). THE MUSEUM ALSO MADE ADDITIONAL NARRATIVE CHANGES

THROUGHOUT THE RETURN TO ALIGN WITH ITS FY22 FORM 990 REPORTING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS THE PREEMINENT ADVOCATE FOR AMERICAN ART, WE FOSTER THE WORK OF

LIVING ARTISTS AT CRITICAL MOMENTS IN THEIR CAREERS. THE WHITNEY

EDUCATES A DIVERSE PUBLIC THROUGH DIRECT INTERACTION WITH ARTISTS,

OFTEN BEFORE THEIR WORK HAS ACHIEVED GENERAL ACCEPTANCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NOTHING IS SO HUMBLE: PRINTS FROM EVERYDAY OBJECTS (NOVEMBER 20, 2020 -

APRIL 18, 2021); WORKING TOGETHER: THE PHOTOGRAPHERS OF THE KAMOINGE

WORKSHOP, (NOVEMBER 21, 2020 - MARCH 28, 2021); JULIE MEHRETU (MARCH

25, 2021 - AUGUST 8, 2021); MADELINE HOLLANDER: FLATWING (MARCH 25,

2021 - AUGUST 8, 2021); PERMANENT COLLECTION: CAROL BOVE AND VIRGINIA

OVERTON (APRIL 1, 2021 - FEBRUARY 7, 2022); DAWOUD BEY: AN AMERICAN

PROJECT (APRIL 17, 2021 - OCTOBER 3, 2021); AND DAVE MCKENZIE: THE

STORY I TELL MYSELF (MAY 1, 2021 - OCTOBER 4, 2021).

FY21 PERFORMANCES AT THE MUSEUM INCLUDED DAVE MCKENZIE: THE STORY I

TELL MYSELF (MAY 1, 2021 - OCTOBER 4, 2021).

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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AN ONGOING SERIES OF OUTDOOR ART SHOWN ACROSS GANSEVOORT STREET FROM  
 THE MUSEUM HAD TWO INSTALLATIONS: JILL MULLEADY: WE WITHER TIME INTO A  
 COIL OF FRIGHT (MARCH 2, 2020 - JANUARY 24, 2021) AND ANDREA CARLSON:  
 RED EXIT (JANUARY 25, 2021 - SEPTEMBER 19, 2021).

THE FOLLOWING EXHIBITIONS TOURED NATIONALLY: ROBERT RAUSCHENBERG: FIVE  
 DECADES FROM THE WHITNEY'S COLLECTION (THE NORTON MUSEUM OF ART, WEST  
 PALM BEACH, FL); JULIE MEHRETU, CO-ORGANIZED WITH LACMA (LOS ANGELES  
 COUNTY MUSEUM OF ART, LOS ANGELES, CA; AND HIGH MUSEUM OF ART, ATLANTA,  
 GA); DAWOUD BEY: AN AMERICAN PROJECT, CO-ORGANIZED WITH SFMOMA (SAN  
 FRANCISCO MUSEUM OF MODERN ART, SAN FRANCISCO, CA; AND HIGH MUSEUM OF  
 ART, ATLANTA, GA); AND VANTAGE POINTS: CONTEMPORARY PHOTOGRAPHY FROM  
 THE WHITNEY MUSEUM OF AMERICAN ART (ASHEVILLE ART MUSEUM, ASHEVILLE,  
 NC).

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
 THE WHITNEY CONTINUES TO REFINE AND EXPERIMENT WITH ITS STRATEGIES FOR  
 DISPLAYING MORE OF THE PERMANENT COLLECTION WITHIN ITS GALLERY SPACES.  
 THE RESULTING COLLECTION DISPLAYS CREATE THEMATIC, ART HISTORICAL  
 CONTEXTS AND COUNTERPOINTS TO THE ONGOING SPECIAL EXHIBITIONS PROGRAM,  
 AND EXPLORE HOW THE INSTITUTION CAN CONTRIBUTE TO NEW NARRATIVES ABOUT  
 AMERICAN CULTURE AND HISTORY. RICH DOCUMENTATION OF THESE INSTALLATIONS  
 AND MANY OF THE ARTWORKS WITHIN THEM ALLOWED THESE EXHIBITIONS TO  
 REMAIN ACCESSIBLE THROUGH THE MUSEUM'S WEBSITE. THE WHITNEY HAD TO  
 CLOSE TEMPORARILY DUE TO COVID-19. THE WHITNEY'S ON-SITE PROGRAM  
 REOPENED TO THE PUBLIC ON SEPTEMBER 3, 2020 WITH COVID-19 SAFETY  
 PRECAUTIONS IN PLACE.



Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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WORK WAS ONGOING TO DIGITIZE THE MUSEUM'S COLLECTIONS, A PROJECT THAT

IS A CRUCIAL ASPECT OF THE INCREASED SCOPE OF THE CURATORIAL,

CONSERVATION, AND RESEARCH RESOURCES TEAMS IN ITS GREATLY ENLARGED

FACILITY. THE WHITNEY'S PERMANENT COLLECTION REMAINED ONLINE AND

AVAILABLE TO THE PUBLIC AS A SEARCHABLE RESOURCE AND IS UPDATED

REGULARLY AS NEW WORKS ENTER THE COLLECTION. IMPORTANT LIBRARY AND

SPECIAL COLLECTIONS HOLDINGS ARE KEPT ON SITE, AS WELL AS ABOUT 15,000

WORKS ON PAPER THAT ARE STORED IN THE SONDRRA GILMAN STUDY CENTER,

FACILITATING ACCESS TO THEM FOR CURATORS AND SCHOLARS. THE SONDRRA

GILMAN STUDY CENTER SUPPORTS CROSS-MEDIUM, CROSS-DISCIPLINARY RESEARCH,

ALLOWING MUSEUM STAFF, ARTISTS, SCHOLARS, AND RESEARCHERS ACCESS TO THE

COLLECTION AND OPPORTUNITY FOR CLOSE MATERIAL AND TECHNICAL EXAMINATION

OF OBJECTS. AS SUCH, THE STUDY CENTER IS AN EXCEPTIONAL RESOURCE FOR

HISTORIANS AND CURATORS OF MODERN AND CONTEMPORARY ART, MAKING THE

WHITNEY'S WORLD-CLASS HOLDINGS AVAILABLE FOR PRIMARY RESEARCH AND

IN-DEPTH CONSULTATION. IN FY21, THE STUDY CENTER REMAINED CLOSED DUE TO

COVID-19, HOWEVER, PLANS FOR ITS REOPENING WERE UNDERWAY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AN ADDITIONAL 619,330 ASYNCHRONOUS USERS ONLINE WERE SERVED THROUGH

DIGITAL ENGAGEMENT WITH INTERPRETIVE CONTENT OF AUDIO GUIDES, RECORDED

VIDEOS OF PROGRAMS ON YOUTUBE, AND PODCASTS. A TOTAL OF 20,782 OF THESE

ONLINE VISITORS WERE K-12 STUDENTS. THIS FIGURE INCLUDES A TOTAL OF

4,020 STUDENTS SERVED THROUGH ONLINE LESSONS. EDUCATION STAFF WORKED

WITHIN AND ACROSS PROGRAM AREAS ON ZOOM TO PRESENT DYNAMIC PROGRAMMING

THAT EXPLORED CRITICAL QUESTIONS ABOUT AMERICAN ART,

CULTURE, AND SOCIETY.

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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AS NYC CLOSED DOWN TO REDUCE THE SPREAD OF COVID-19, THE WHITNEY'S EDUCATION STAFF WERE EARLY TO IDENTIFY THE DISTINCT NEED AND GROWING GAP IN PROVIDING ARTS EDUCATION TO K-12 STUDENTS AND SUPPORT FOR EDUCATORS ACROSS THE CITY. IN RESPONSE, PROGRAMS FOR SCHOOLS MOVED ONLINE FOR A SECOND YEAR. THE SCHOOL PROGRAM TEAM COMPLETED 975 ONLINE LESSONS WITH 71 DIFFERENT K-12 PUBLIC SCHOOLS ACROSS NYC. IN ADDITION, THE WHITNEY EDUCATION DEPARTMENT CONTINUED ALL TEEN YOUTH INSIGHTS COHORTS WITH A TOTAL OF 92 ONLINE MEETINGS AND TEEN'S EVENTS, SERVING 192 TEENS TO EXPAND THEIR ARTISTIC PRACTICES FROM HOME.

TODAY, PUBLIC PROGRAMS AND PUBLIC ENGAGEMENT CONTINUE PRESENTING PROVOCATIVE AND EXPERIMENTAL EVENTS THAT ENGAGE AUDIENCES IN CRITICAL DIALOGUES ON ART AND CULTURAL PRODUCTION. FOR EXHIBITIONS VIDA AMERICANA: MEXICAN ARTISTS REMAKE AMERICAN ART, CAULEEN SMITH: MUTUALITIES, SALMAAN TOOR: HOW WILL I KNOW, WORKING TOGETHER: THE PHOTOGRAPHERS OF THE KAMOINGE WORKSHOP, ANDREA CARLSON: RED EXIT, DAWOUD BEY: AN AMERICAN PROJECT, AND JULIE MEHRETU. PUBLIC PROGRAMS PRESENTED 41 VIRTUAL PROGRAMS SERVING 22,480 SYNCHRONOUS VIEWERS, WITH 45,373 INDIVIDUALS REGISTERED FOR THE PROGRAMS. WITH THE SHIFT TO ZOOM AS A PLATFORM FOR PROGRAMMING, THE MUSEUM ENGAGED WITH AUDIENCES IN NEW AND EXCITING WAYS. THE WHITNEY'S EMAIL LIST GREW TO OVER 24,000 SUBSCRIBERS, AND THE MUSEUM HAS BEGUN TO COLLECT FEEDBACK FROM PROGRAM ATTENDEES THROUGH SHORT SURVEYS AFTER PROGRAMS. PUBLIC PROGRAMS FOCUSED ON MAKING EVENTS MORE ACCESSIBLE: STARTING IN SEPTEMBER 2020, ALL EVENTS ARE OFFERED WITH CLOSED CAPTIONING AND PROVIDE ASL INTERPRETATION WHEN REQUESTED, AS WELL AS FIVE FREE WITH LIVE SPANISH TRANSLATION.

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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FAMILY PROGRAMS HAD 71 ONLINE ART CLUBS AND WORKSHOP STUDIOS SERVING 11,153 PEOPLE (BETWEEN KIDS AND ADULTS). ONE SUCH INITIATIVE WAS WHITNEY KIDS ART CHALLENGE, DESIGNED FOR KIDS AND GROWNUPS TO DO TOGETHER WITH MATERIALS EASILY FOUND IN THE HOME BASED ON WORKS IN THE WHITNEY'S PERMANENT COLLECTION.

IN FY21, THE DEPARTMENT OFFERED ITS ANNUAL ART COLLEGE NIGHT FOR NYC TEENS, ON ZOOM. REPRESENTATIVES FROM COLLEGES IN THE NEW YORK AREA GAVE INFORMATION ABOUT SCHOLARSHIP OPPORTUNITIES, COLLEGE ESSAY WRITING TIPS, AND MUCH MORE. THE MUSEUM ALSO CONTINUED ITS COMMITMENT TO ACCESSIBILITY FOR DISABLED AND NON-DISABLED VISITORS OF ALL AGES BY DEVELOPING AMERICAN SIGN LANGUAGE VLOGS, RUNNING VERBAL DESCRIPTION TOURS, FAMILY FUN FOR KIDS ON THE AUTISM SPECTRUM WORKSHOPS, WHITNEY SIGNS ONLINE, AND PROGRAMMED SPECIAL ACCESS PROGRAMS EVENTS ONLINE.

THIS YEAR THE MUSEUM ALSO DESIGNED PROGRAMS FOR THE INSTALLATION OF DAVID HAMMONS'S DAY'S END, A PUBLIC ART PROJECT LOCATED IN HUDSON RIVER PARK ALONG THE SOUTHERN EDGE OF GANSEVOORT PENINSULA DIRECTLY ACROSS FROM THE MUSEUM. IN FY21, THE MUSEUM CONTINUED TO BUILD OUT A VARIETY OF DIGITAL INTERPRETATIVE MATERIALS RELATED TO DAY'S END AND THE NEIGHBORHOOD AVAILABLE TO THE PUBLIC FREE OF CHARGE ON-SITE AND ONLINE. THESE MATERIALS INCLUDE NEW AUDIO, VIDEO, OR PODCAST CONTENT OF HOW WILL I KNOW, WORKING TOGETHER: THE PHOTOGRAPHERS OF THE KAMOINGE WORKSHOP, DAVID HAMMONS: DAY ENDS, JULIE MEHRETU, DAVE MCKENZIE: THE STORY I TELL MYSELF, AND DAWOUD BEY: AN AMERICAN PROJECT.

FOR MORE INFORMATION ABOUT WHITNEY EDUCATION, PLEASE VISIT WHITNEY.ORG/EDUCATION.

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLICATION AND RETAIL SALES:

MUSEUM RELATED AUXILLARY SERVICES THAT PROVIDE PRODUCTS RELATED TO THE

MUSEUM'S COLLECTION AND EXHIBITIONS.

EXPENSES \$ 2,503,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 523,000.

FORM 990, PART VI, SECTION A, LINE 1:

IN ACCORDANCE WITH THE MUSEUM'S BY-LAWS, THE EXECUTIVE COMMITTEE CONSISTS

ENTIRELY OF MUSEUM TRUSTEES. THE EXECUTIVE COMMITTEE CURRENTLY CONSISTS OF

23 MEMBERS AND IS COMPOSED OF CERTAIN TRUSTEE OFFICERS, CERTAIN TRUSTEE

COMMITTEE CHAIRS, AND OTHER TRUSTEES ELECTED BY RESOLUTION OF THE BOARD OF

TRUSTEES. BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, AND SUBJECT TO THE

GENERAL POLICIES ESTABLISHED BY THE BOARD, THE EXECUTIVE COMMITTEE HAS ALL

THE POWERS OF THE FULL BOARD, EXCLUDING (I) THE REMOVAL OF TRUSTEES AND

OFFICERS, (II) APPOINTING OF COMMITTEE CHAIRS, AND (II) AMENDING THE

BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 2:

NEIL BLUHM (TRUSTEE) AND LESLIE BLUHM (TRUSTEE) - FAMILY RELATIONSHIP.

THOMAS LEE (HONORARY TRUSTEE) AND JONATHAN O. LEE (TRUSTEE) - FAMILY

RELATIONSHIP.

FIONA DONOVAN (TRUSTEE) AND FLORA MILLER BIDDLE (HONORARY TRUSTEE) - FAMILY

RELATIONSHIP.

DAVID W. ZALAZNICK (TRUSTEE) AND THOMAS E. TUFT (CO-CHAIRMAN), NEIL G.

BLUHM (TRUSTEE) - BUSINESS RELATIONSHIP.

RICHARD DEMARTINI (TRUSTEE) AND ROBERT HURST (TRUSTEE) - BUSINESS

RELATIONSHIP.

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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FORM 990, PART VI, SECTION B, LINE 11B:

THE MUSEUM'S FORM 990 TAX FILING IS COMPILED BASED ON INFORMATION OBTAINED FROM THE MUSEUM'S GENERAL LEDGER, AUDITED FINANCIAL STATEMENTS AND OTHER FINANCIAL SYSTEMS. THE MUSEUM'S CO-CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER, SENIOR FINANCE/ACCOUNTING STAFF, GENERAL COUNSEL AND EXTERNAL TAX ADVISORS PARTICIPATE IN A SERIES OF DETAILED REVIEWS OF ALL INFORMATION TO BE INCLUDED IN THE FILING. ALL INFORMATION INCLUDED IN THE RETURN IS REVIEWED BY THE GROUP FOR ACCURACY AND CONTENT. THE COMPLETED FORM 990 AND RELATED SCHEDULES ARE ALSO PROVIDED TO THE MUSEUM'S SENIOR MANAGEMENT AND REVIEWED IN DETAIL WITH THE CO-CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. FINALLY, A PUBLIC INSPECTION COPY IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN. THE MUSEUM'S EXTERNAL TAX ADVISORS FILE THE FORM 990 ELECTRONICALLY WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MUSEUM'S CODE OF ETHICS CONTAINS DETAILED DISCLOSURE REQUIREMENTS WITH RESPECT TO THE CONFLICTS OF INTERESTS FOR ITS BOARD AND STAFF. ON A REGULAR BASIS, THE BOARD AND OFFICERS OF THE MUSEUM COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE. RESPONSES ARE COMPILED, REVIEWED WITH GENERAL COUNSEL AND THE CO-CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER, AND FORWARDED TO THE AUDIT COMMITTEE. IF A CONFLICT IS DISCLOSED, BOARD MEMBERS WITH POTENTIAL CONFLICTS MAY NOT PARTICIPATE IN DELIBERATIONS AND NEED TO RECUSE THEMSELVES FROM VOTING ON PARTICULAR MATTERS. IN ADDITION, OFFICERS AND KEY EMPLOYEES ARE ASKED ANNUALLY TO REVIEW AND ACKNOWLEDGE COMPLIANCE WITH THE MUSEUM'S CODE OF ETHICS.

Name of the organization WHITNEY MUSEUM OF AMERICAN ART	Employer identification number 13-1789318
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## FORM 990, PART VI, SECTION B, LINE 15:

THE WHITNEY HAS A HUMAN RESOURCES/COMPENSATION COMMITTEE OF THE BOARD.

MEMBERS INCLUDE THE CHAIRMAN, PRESIDENT, CHAIR OF THE FINANCE COMMITTEE

ALONG WITH THREE OTHER TRUSTEES. THE COMMITTEE MEETS PERIODICALLY TO REVIEW

PERFORMANCE AND COMPENSATION FOR THE DIRECTOR AND CERTAIN OTHER SENIOR

STAFF. AS PART OF THE PROCESS, THE COMMITTEE REVIEWS COMPARATIVE DATA

OBTAINED FROM SEVERAL INDEPENDENT SOURCES WHICH PROVIDE DATA FOR SIMILAR

POSITIONS IN NEW YORK CITY AND NATIONALLY.

## FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KY, ME, MD, MA, MI, MN, NH, NJ, NC, ND, OH, OK, OR, PA

RI, SC, UT, VA, WA, WV, WI

## FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS AND THE FORM 990 ARE MADE AVAILABLE ON THE

MUSEUM'S WEBSITE. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST AT

MANAGEMENT'S DISCRETION.

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION

COSTS	2,835,000.
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NET GAIN ON EXTINGUISHMENT OF BOND PAYABLE	241,000.
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TOTAL TO FORM 990, PART XI, LINE 9	3,076,000.
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## FORM 990 - GENERAL:

AMOUNTS REFLECTED IN THE 2020 FORM 990 FOR THE YEAR ENDED JUNE 30, 2021

HAVE BEEN ROUNDED TO THE NEAREST THOUSAND TO CONFORM WITH THE

PRESENTATION IN THE MUSEUM'S AUDITED FINANCIAL STATEMENTS.

